



STATE OF TENNESSEE
DEPARTMENT OF HEALTH
HEALTH RELATED BOARDS

227 FRENCH LANDING, SUITE 300
HERITAGE PLACE METRO CENTER

NASHVILLE, TN 37243

Tennessee.gov/health

Board of Veterinary Medical Examiners

1-800-778-4123 ext. 25090

(615) 532-5090 (local)

002-\$25.00

Check One

DVM (2317) _____

LVMT (2326) _____

CAET (2327) _____

Application for Replacement License/Renewal Certificate/Wall License
Fee: \$25.00/each

Please check one: _____ Renewal Certificate w/Wallet Card _____ Wall License

I _____
(First) (Middle) (Maiden) (Last)

of _____
(Street Address) (City, State, Zip)

the lawful possessor of the renewal certificate to practice _____
(Profession)

in the State of Tennessee do hereby request a replacement of said license/certificate which was:

____ Lost ____ Stolen ____ Destroyed ____ Other: _____
(List Reason)

My License/Certificate Number is: _____ which was issued on _____
(Month/Day/Year)

My Social Security Number is: _____

Attach a
Current
Photograph
Here

Signature of Licensee Date

The person whose signature appears above has personally appeared before me and being duly sworn,
states that the statements made in this application are strictly true on this ____ day of _____ 20__.

Signature of Notary: _____

SEAL

My commission expires: _____